

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

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DEC 15 2016

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077 S.D. SEC. OF STATE

1. TITLE OF NEWSPAPER Selby Record		2. DATE 9-8-2016	
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 28/33/36	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 4411 Main Street, Selby, SD, Walworth County, 57472-0421			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) Same			
6. FULL NAME OF PUBLISHER: Sharon Wolff			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)			
FULL NAME Sharon Wolff		COMPLETE MAILING ADDRESS Box 421, Selby, SD, 57472	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)			
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		1000	1000
B. PAID AND/OR REQUESTED CIRCULATION			
1. Sales through dealers and carriers, street vendors, and counter sales.		50	50
2. Mail Subscription (Paid and or requested)		875	875
3. Paid Electronic Copies		0	0
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		925	925
D. FREE DISTRIBUTION			
1. BY MAIL, CARRIER OR OTHER MEANS		10	10
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		935	935
F. COPIES NOT DISTRIBUTED			
1. Office use, left over, unaccounted, spoiled after printing		35	35
2. Return from News Agents		30	30
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)		1000	1000

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Sharon Wolff
 (Signature)

Owner

(Title)

Sworn to before me this 9th day of Sept, 2016

Melissa Miller
 Notary Public

My commission expires: _____

Melissa Miller
My Commission Expires
October 24, 2020

State of South Dakota)

§

County of _____

